

**LIFE INSURANCE CORPORATION OF INDIA**  
-----**DIVISION.**

**Full Name of the Proposer**

**CBC/ESR**

- |        |   |          |
|--------|---|----------|
| 1. HB% | - | gms/dl   |
| 2. RBC | - | mil/cumm |
| 3. WBC | - | per cumm |

**Differential count**

**Eosinophils**

**Monocytes**

**Lymphocytes**

**Neutrophils**

**Basophils**

**E S R at the end of 1<sup>st</sup> Hour** - **mm/hr**

**(Westergen method)**

**Dated at** \_\_\_\_\_ **on the** \_\_\_\_\_ **day of** \_\_\_\_\_ **200.**

**I certify that the proposer/LA has put his/her Signature alongside in my present.**

**Signature of Proposer**

**Signature of the Pathologist**

**Qualification :**

**Introduced by :**

**Name :**

**(Agent/Dev. Officer)**

**Address:**

**Name :**

**Code No:**

**Address :**